

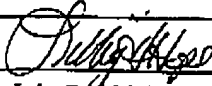


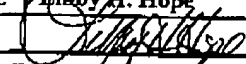
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/007,082
		Filing Date	December 6, 2001
		First Named Inventor	Linden Minnick
		Art Unit	2151
		Examiner Name	Madamba, G.
Total Number of Pages in This Submission	22	Attorney Docket Number	42390P12249

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">- Certificate of Facsimile</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 INTEL CORPORATION
Signature	
Date	July 7, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Libby H. Hope		
Signature		Date	July 7, 2006

Based on PTO/SB/21 (09-04) as modified by Blakey, Stokoff, Taylor & Zafman (M) 11/03/2006.  
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	10/007,082	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 6, 2001	
		First Named Inventor	Linden Minnick	
		Examiner Name	Madamba, G.	
		Art Unit	2151	
TOTAL AMOUNT OF PAYMENT (\$)		470.00	Attorney Docket No.	42390P12249

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
31	28*	3	\$150.00
Independent Claims	4	1	\$200.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	350	2203	150
1204	700	2204	305
1205	300	2205	150
SUBTOTAL (1)		(5)	350.00

\*or number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	150	2051	65
1052	50	2052	25
2053	130	2053	130
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,500	2254	705
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	2451	1,510
1460	130	2460	130
1807	50	1807	50
1808	100	1808	100
1809	700	1809	350
1810	700	2810	350
SUBTOTAL (2)		(5)	120.00

Other fee (specify)

<b>SUBMITTED BY</b>		Complete if applicable	
Name (Print/Type)	Larry H. Hope	Registration No. (Attorney/Agent)	46,774
Signature		Telephone	(949) 498-0601
		Date	07/07/06

Based on PTO/SB/17 (12-04) as modified by Ely, Sokoloff, Taylor & Zetman (wtr) 12/15/2004.  
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